

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | T.D. | | 10/14/99 |
| O.I.P.E. CLASSIFIER | | 71090 | 10/20/99 |
| FORMALITY REVIEW | | | 11/1/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 u Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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